

THEORY OF MIND

by Ken LaZebnik

"I always try to act normal, but my normal isn't normal"

A sensitive yet clear-eyed portrait of a keenly self-aware young man with Asperger's Syndrome, replete with all the tugs, shifts and about-faces found on the autism spectrum.

Teacher Resource
Guide



ABOUT MIXED BLOOD THEATRE

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On August 28, 1963, Rev. Martin Luther King, Jr., delivered the famous speech in which he spoke of his dream that all people could pay positive attention to each other's differences and similarities. He believed that would yield equality and freedom. The **Mixed Blood Theatre Company** is a professional, multi-racial theater ensemble dedicated to the spirit of Dr. King's dream.

Mixed Blood's home is a historic 1887 firehouse that has been converted into a flexible 200-seat venue allowing a variety of seating and stage configurations. The theater's main performance space is the **Alan Page Auditorium**, named in honor of Minnesota State Supreme Court Justice Alan Page, a champion of social justice and racial equality, a former Minnesota Viking inducted into the National Football League Hall of Fame, and founder of the Page Education Foundation (which provides funds for post-secondary education for students of color).

At **Mixed Blood** good theater is a vehicle for artistry, entertainment, education, and effecting social change. Through casting and content this theater portrays a world on its stage not only as it is or was but also as **Mixed Blood** would like it to be. From musicals to extravaganzas to intimate chamber theater to political satires to comedies and dramas, **Mixed Blood** produces new plays on its main stage in predictably unpredictable ways, including one play each year that is produced in English and Spanish with a bilingual cast.

Mixed Blood doesn't characterize itself as *multi-cultural*, but rather *culturally-specific* times five...or fifty...or five hundred. **Mixed Blood** aspires to be a model of successful *pluralism*. The theatre has many culturally-specific theatrical productions that tour to hundreds of schools, community centers, campuses, theaters, and workplaces across the country. These shows fill a void in the curricula of schools, provide (and sometimes portray) role models of color, and demonstrate the possibilities of live theater as a voice for the unheard and as an instrument of change. These offerings may include:

- *According To Coyote*, an energetic collection of American Indian legends featuring the wise/brave/foolish trickster Coyote.
- *African America*, about the modern African diaspora and connecting with and celebrating one's heritage.
- *Daughters of Africa*, a music-driven history of African American women, celebrated and overlooked.
- *The Deaf Duckling*, the story of a deaf child born into a hearing family intertwined with that of the classic fairy tale.
- *Dr. King's Dream*, a brilliant depiction of the great civil rights leader's life and career.
- *Hijab Tube*, offering a unique perspective on Islam in 21st Century America.
- *Minnecanos*, a buoyant celebration of Chicano cultural history embracing four generations and the entire 20th century.

SEEING A PLAY

SEEING A PLAY SHOULD BE AN EXCITING, ENTERTAINING, AND EDUCATIONAL EXPERIENCE. This can easily be done if one understands the traditional agreements between the audience and the performers; each expects the other to be at their best and both are an integral part of the live performance experience. Here are some guidelines the audience should follow to make sure that the experience is a successful one for all.

1. Be on time. Tardiness disregards the effort of those who are on time.
 2. No eating or drinking during the performance.
 3. No talking during the performance.
 4. No throwing objects.
 5. Turn off all cell phones, pagers, and text-messaging devices.
 6. Watch the show with an open mind. Remember what you liked and didn't like. Be prepared to discuss the performance when you return to the classroom. Make note of questions and comments that you might have about any aspect of the performance. What connections does the show have to you and your life?
 7. Be respectful and attentive.
 8. Follow your school's procedure for dismissal from an assembly.
- Mixed Blood's school performances last about 45 minutes. Make the necessary preparations so that you can stay seated through the entire performance.
 - Often, if time allows, there will be a post-performance discussion with the cast. Be prepared to discuss the performance.
 - As you prepare to see the show, review the pre-performance discussion questions and time line. Research not only the elements that most interest you but also those elements that are completely new to you.
 - After you have seen the show review the post-performance questions. Discuss the elements of the show that were enjoyable. Identify and discuss new vocabulary words. Identify and discuss the plot and themes of the story. Compare your overall opinions of the performance and, if possible, write them down to share with the presenting company.

AUTISM 101

Myths about Autism

- Individuals with autism never make eye contact.
- Autism is a mental illness.
- Individuals with autism don't speak.
- Autism can be outgrown.
- Individuals with autism can't learn.
- Individuals with autism cannot show affection and do not respond to physical contact.
- Individuals with autism do not relate to peers/adults.
- Individuals with autism are very manipulative.
- Individuals with autism could talk if they wanted to.
- Individuals with autism can't smile.
- Individuals with autism don't notice others and don't pick up cues from adults.

What is autism?

Autism is a complex neurobiological disorder of development that lasts throughout a person's life. It is sometimes called a *developmental disability* because it usually starts before age three, in the developmental period, and because it causes delays or problems in many different skills that arise from infancy to adulthood.

The main signs and symptoms of autism involve language, social behavior, and behaviors concerning objects and routines:

- Communication—both verbal (spoken) and non-verbal (unspoken, such as pointing, eye contact, or smiling)
- Social interactions—such as sharing emotions, understanding how others think and feel (sometimes called empathy), and holding a conversation, as well as the amount of time a person spends interacting with others.
- Routines or repetitive behaviors—often called stereotyped behaviors, such as repeating words or actions, obsessively following routines or schedules, playing with objects in repetitive ways, or having very specific and inflexible ways of arranging items.

Like the spectrum of colors in the rainbow, people with autism can have very different symptoms. Health providers therefore think of autism as a —spectrum disorder – a group of disorders with a wide range of related features. This spectrum known as —ASD (autism spectrum disorders) includes the milder disorder known as —Asperger's Syndrome” as well as more serious symptoms.

What causes autism?

Scientists don't know exactly what causes autism at this time. Much evidence supports the idea that genetic factors—that is, genes, their function, and their interactions—are the main underlying causes of ASD's. But, researchers aren't looking for just one gene. Current evidence suggests that as many as 12 or more genes on different chromosomes may be involved in autism, to different degrees.

Some genes may place a person at greater risk for autism. Other genes may cause specific symptoms or determine how severe those symptoms are. Or, genes with changes or mutations might add to the symptoms of autism because the genes or gene products aren't working properly. Research has also shown that environmental factors, such as viruses, may also play a role in causing autism.

While some researchers are examining genes and environmental factors, other researchers are looking at possible neurological, infectious, metabolic, and immunologic factors that may be involved in autism. Because the disorder is so complex, and because no two people with autism are exactly alike, autism is probably the result of many causes.

Autism and the Teenage Years

The difficulties and problems relating to teens with autism can be numerous. Unfair labels may be given as family members, friends, and teachers are unable to understand the behavior associated with autism. A lack of vocational and job opportunities is often a major problem. Teens with autism may not receive appropriate guidance counseling at school. They may also not receive and benefit from medical help.

Peer pressure is often a serious issue during the teen years, especially for those diagnosed with autism. Teens may miss out on the opportunity to interact socially with others, and they may be misunderstood by their teachers. It is difficult for autistic children at any age, but the teenage years can be especially challenging.

What is Asperger's Syndrome?

What distinguishes Asperger's Syndrome from autism is the severity of the symptoms and the absence of language delays. Children with Asperger's frequently have good cognitive and language skills, they may just use language in a different way. A child with Asperger's may seem like a normal child just behaving oddly. They may also show more typical signs of autism such as being socially awkward, showing a lack of empathy, and having difficulty making eye contact. However, a child with Asperger's by definition cannot possess a cognitive delay.

BILL'S THERAPY HISTORY

Bill's parents didn't realize that his language was delayed until they took him to pre-school. Up until that point, he seemed normal enough to them; it's difficult to gauge what a normal two to three year old child's language should be. Their pediatrician felt Bill was in the range of normal, although clearly he was not up to age in his motor skills. At the pre-school, they realized that Bill sounded different from the other kids; he didn't have the prosody of other kids and while he knew some very advanced words had trouble with sentence construction.

So the first therapy was speech therapy. That focused on acquiring language, and prosody, although the speech therapist did note that Bill had a very jagged evaluation chart -- he knew many words way beyond his age level, and then had trouble with basic constructions of speech. She suggested, after Bill turned three, getting an evaluation from a psychiatrist. That process took a couple of months, and when the psychiatrist came back with a diagnosis of autism, Bill's parents were shocked (as was his pre-school teacher). The psychiatrist said Bill was a borderline case, but according to the American Psychiatric Diagnostic book, she had to give him the diagnosis.

This shocked Bill's mother into loading up multiple therapies. OT came in immediately (with the sensory awareness stuff and the therapy swing). Along with it came behavioral therapy. They went to a therapist who uses ABA, and so there was a lot of sessions involving playing games and looking at social situations and rehearsing social situations. This therapy continued the longest of any of them; Bill saw the guy up into high school, and many of the speech patterns come from this. (That is, his sense of rehearsing what he's going to say and then sticking with his plan for how a social situation will unfold.)

The parents also tried various other therapies: For a couple of years, he was gluten-free, although in the end they couldn't see a dramatic enough difference to make it worth their while. He did Feldenkrais, which is a movement therapy, not that far off from Alexander work. That lasted for a couple of years.

He went into a public school, and was mainstreamed early on -- in kindergarten and first and second grade he'd get pulled out for special classes, but those went away as he progressed through grade school. His early IEP evaluation showed less and less obvious autistic behavior, so the district covered less and less therapy. The speech therapist fought to have her services covered, and they were up until sixth grade. Then the IEP showed Bill no longer needing speech therapy, and she fell by the wayside. (Bill's parents could have continued without the reimbursement but they didn't have the money and the truth was that Bill seemed to be doing really well in his verbal abilities. He didn't want to continue, so they dropped it.) And as he got older, Bill wanted to be mainstream, so he resisted going to therapies.

Eventually, it was just down to the behavioral therapist. He will still see the guy on occasion; he's almost more of a resource now than a regular therapist.

THEORY OF MIND – CLASSROOM DISCUSSION

How do people with Asperger's Syndrome respond to sensory experiences? Do they take in sights, sounds, smells in a different way than typical people? In Tony Atwood's book, "The Complete Guide to Asperger's Syndrome," he notes that people with Asperger's can have both hyper and hyposensitivity to sensory experiences. That is, they can either feel stimulus very intensely, as when a sound that doesn't seem loud to typical people seems overwhelming to them, (hypersensitivity), or they can exhibit hyposensitivity, and not respond at all (as when they don't feel the heat of a flame on their hand in the way a typical person would).

People with Asperger's Syndrome can also easily experience sensory overload. Hearing two people talk at the same time is a common experience, but for someone with Asperger's that can be overwhelming. Sensory overload can also occur when information comes in on two different "channels": A man is speaking, but he is simultaneously gesturing, indicating that what he's skeptical about the words he's saying. A person with Asperger's may only be able to "read" one track; typically the verbal one, and will miss the subtext indicated by the gesture.

Atwood points out that as a result, "Some sensory experiences cause great discomfort and the person develops a range of adaptive coping mechanisms. However, some sensory experiences, such as listening to a clock ticking and chiming, can be extremely enjoyable and the person is eager to gain access to those experiences that are enjoyable."

One result of that eagerness to access those enjoyable experiences may be a physical tic. In children more heavily affected on the autism spectrum, that tic may be spinning. Spinning gives those children a sense of equilibrium; it's a centering technique for them. Other physical tics may be hand flapping, or rocking back and forth. Again, it's a coping technique, a way of experiencing something calming in a stressful (or highly charged exuberant) situation.

CLASSROOM EXERCISE

People with Asperger's Syndrome often find it hard to read the subtext in a social situation. They tend to be painfully honest. This exercise lets typical kids see how a normal conversation can contain layers of subtext, which don't usually get expressed -- and how someone who does express that subtext would cause his fellow students to regard him as inappropriate.

This exercise requires four volunteers -- two students to read a scripted conversation, and two "shadows" to record what they think is their subtext, what's actually going on in each person's inner thoughts as they speak.

The scripted conversation is a simple dialogue (written below) in which the boy asks the girl if she's interested in going to a movie. The boy reading the lines has another student sitting next to him, a "shadow." That "shadow" writes down the subtext -- what might be really going through the boy's

mind -- after each line of dialogue. In the same way, the girl reading the lines has a girl sitting next to her, who writes down what she thinks is really going through the girl's mind.

After the boy and girl finish reading the dialogue, the girl will start reading her lines again. But this time, after each of her lines, instead of the originally written dialogue, the boy "shadow" will read the subtext he wrote for the boy's response. Then we'll flip the roles: The boy will read the originally scripted lines and the girl "shadow" will read the subtext in response. Discuss what it's like to hear the shadow's subtext, and how you might feel if someone spoke to you like that.

SCENE FOR SUBTEXT EXERCISE:

BOY: Hi.

GIRL: Hey.

BOY: Uh -- I was wondering...

GIRL: What?

BOY: Have you seen "Star Trek?"

GIRL: Yeah.

BOY: (disappointed) Oh.

GIRL: I liked it.

BOY: Yeah, it was great.

GIRL: Why did you want to know?

BOY: Well... maybe you'd want to see it again.

GIRL: Maybe.

BOY: Cool. I'll call you. .

GIRL: I didn't say yes.

BOY: We'll figure it out.

(HE WALKS OFF. END OF SCENE)

Characteristics of Asperger's Syndrome (from About.com)

Do you find yourself confused in social situations? Are you passionately interested in a single topic? Is it tough for you to make and maintain eye contact? Then you, like many talented and intelligent adults, may be diagnosable with Asperger's Syndrome.

Asperger Syndrome is different from other disorders on the autism spectrum, in part, because it is often diagnosed in older children and adults as opposed to very young children. That's because Asperger Syndrome is a relatively mild form of ASD, which does not include problems with basic language skills. Many people with Asperger Syndrome are bright and capable. The issues that emerge for people diagnosed with Asperger's are related specifically to social and communication skills -- skills that only become significant, as people get older and need to negotiate complex social situations.

The History of Asperger Syndrome

Hans Asperger was a Viennese child psychologist who worked with a group of boys all of whom had similar developmental differences. While they were all intelligent, and had normal language skills, they also had a set of autism-like symptoms. He came up with a description and diagnostic criteria for a syndrome, which he named for himself.

As a result of the Second World War, Asperger's work disappeared for a number of years. When it reappeared in the late 1980's, it garnered a good deal of interest. Today, Asperger's Syndrome is in the news virtually every day.

What Does It Mean to Have Asperger Syndrome?

What does it mean to have Asperger's Syndrome? Clearly, since so many successful people seem to have the diagnosis (Dan Ackroyd, for one, announced his diagnosis on the air -- and rumor has it that Bill Gates may also have Asperger's) it is not a disability in the classic sense. In fact, some historians suggest that Einstein, Mozart, and Alan Turing (the inventor of the first electronic computer) may all have been diagnosable with Asperger's.

What people with Asperger's Syndrome do have in common is a set of characteristics that may make social interaction particularly difficult. Many *aspies* (a term that teens and adults with Asperger's Syndrome sometimes use to refer to themselves) have been bullied or teased as children. They may be awkward with the opposite sex. And they may have a tough time maneuvering through complex social cues at school, at work, or elsewhere.

The Cambridge Lifespan Asperger Syndrome Service (CLASS), an organization in the United Kingdom that works with adults with Asperger's has developed a simple ten-question checklist to help with a preliminary self-diagnosis. If you answered "yes" to some or most of these questions, you may decide to find out more.

- I find social situations confusing.
- I find it hard to make small talk.
- I did not enjoy imaginative story writing at school.
- I am good at picking up details and facts.
- I find it hard to work out what other people are thinking and feeling.
- I can focus on certain things for very long periods.
- People often say I was rude even when this was not intended.
- I have unusually strong, narrow interests.
- I do certain things in an inflexible, repetitive way.
- I have always had difficulty making friends.

If you do answer “yes” to many of these questions relative to yourself or a loved one, you may have uncovered an undiagnosed case of Asperger’s Syndrome. For some teens and adults, this is a tremendous relief: it puts a name on a set of issues that has troubled them throughout their lives. And it also opens the door to support, treatment, and community.

There is no obligation to do anything at all about Asperger’s Syndrome. In fact, many adults feel being an *aspie* is a point of pride. They are unique, often successful individuals who are simply... themselves!

A SAMPLE CASE STUDY OF ASPERGER'S SYNDROME:

The school psychologist reports an Asperger's student. She did a checklist of questions that showed it was probable. His teacher reports he is very bright, one of the brightest in the class. He always has the answer and remembers everything he learns. He is very fascinated with learning. However, it is sometimes hard to get or keep his attention because of distractions or tics, which causes him to lose focus. He is also behind in motor skills which causes poor hand writing skills and not very good in sports. Therefore other boys don't want him on their team on the playground. He is up in your face when talking to you or trying to get your attention. He doesn't observe personal space. He also likes to play alone. This is mainly due to other kids not wanting to play his game, which is usually star wars or some sort of fighting. He hardly ever makes eye contact. He can stay on tasks for hours when playing his Wii or computer games, building Legos, playing with his Thomas trains, drawing, or watching Star Wars. At home, I find staying on task isn't hard. It is transitioning from one thing to another. But, with verbal cues and touch it helps. As a little guy (2-3) he was very interested in Thomas the train and played with them all of the time. He also occasionally played with his Lego table. At 5-6 he became very interested in Legos and anything to do with the Army and fighting. At 6, we got him a Wii for Christmas against my better judgment because his Ped said it would help with his motor skills. I didn't want this, as I knew he would hyper focus on it and be addicted to it. He did fine for a while with bowling, shooting, etc. But then started playing Battalion Wars II. It is a game that is army tanks that fight off enemies. It quickly became his favorite game and he played it over and over. It is rated T for teen and he has conquered it. For his 7th birthday, we got him star wars Lego Wii game as he became very interested in Star Wars. Again, it became his favorite. For Christmas a couple of days ago he got a few Star War Lego sets. Within an hour he had the first mini one already put together. Now it is torn apart as he has made his own things out of it. He keeps himself occupied by pretending to play army or star wars even when other kids are around. His free drawings are always an army or star wars scene complete with tanks, missiles, people, etc. He has every last detail. We started him in karate this fall and the spatial awareness is his biggest issue. His instructor is great and very patient! He has to constantly ask him to step back, or get in line, or move over. His tics do cause him to lose focus especially the smelling fingers nose

touching. Other times, his own little games or punching the air or fighting sounds cause him to lose focus, especially when the instructor is talking a lot instead of demonstrating. Again, his instructor says "eyes on me" or "look up here" or something a lot during the 50 min. class. He loves karate and it is giving a sense of accomplishment. But, it is evident he is behind in motor skills on his movements. He constantly gets messed up about what hand or foot to make a move with even with demonstration. He also gives up easily when he doesn't do things well...pushups or sit-ups. He wants to stop and take a break, which he can't do. In soccer this year, he was fine as long as he was in the action. When the coach put him back to defense he lost focus and had no clue what was going on. The bad thing, he isn't the fastest or most athletic so his turns on offense were limited. He also would ask to take a break as he was hot or needed a drink even though he might have just had one. He said he wanted to play soccer and he likes soccer, but it is very frustrating to me (a P.E. teacher and coach for 8 years) and his dad to see him do these things. I am very much, you start something, and you finish it. So, I'm not sure if we will do this next year. We have already decided baseball isn't going to happen again. He says he wants to play, but he loses focus, as there isn't enough movement. Plus, hand eye coordination isn't there. Hitting a ball is hard for him and catching a ball doesn't occur because of the motor skill delays. His dad and I have decided he isn't going to be an athlete and aren't encouraging him to go that route. We see he is different and has different interests. So, we are trying to help him with that. Right now, karate is it. Plus, he loves photography so we got him a camera for Christmas. In less than 24 hours he has taken 130+ pictures. They are all centered and many are excellent pics. It is just funny to me to see what catches his eye. He has photographed everything!

THEORY OF MIND – PRE-SHOW ACTIVITIES

Pre-Show Discussion Questions

1. What do you know about autism? Have you ever known anyone with autism?
2. What are the characteristics of a healthy dating relationship or friendship?
3. How does communication affect the quality of a dating relationship or friendship?
4. What are some positive aspects of high school life? What are some negative aspects?

Pre-Show Activities

1. Have students list three to five important issues that affect them as a teenager. In groups of four or five have them choose one of these and come up with a frozen picture or tableau illustrating that theme. Share these tableaux and have other classmates try to guess the theme that was chosen.
2. Have each student choose one of these issues and write a brief poem, song or story based on the chosen issue. Share these in small groups or with the entire class.
3. Have your students make a list of different ways that people communicate. (i.e. Person-to-person, phone, text messaging, sign language, etc). Have them turn to a classmate and note similarities and differences among their lists. Have this pair of students join another pair of students to form groups of four. Ask these groups to compare lists and choose five of the ways to present in class. Now ask them to stage each form of communication as a frozen picture or statue. Each person in the group should be in each statue (They can portray inanimate objects). Have the groups rehearse their five statues and present them to the rest of the class. After each group performs, ask the audience. —What did you see? What did you notice?
4. **Setting the Table: Understanding the Realities of Different Communication Styles**
Prepare a desk at the front of the room by placing 10-15 different miscellaneous items on it. Among these items should be a plate, cup, spoon, and a fork, scattered about on the desk. Hidden from sight, you will have a manila folder on which an outline of a table setting (plate, cup, spoon, fork) is drawn. After choosing a volunteer, have him or her come up and sit at the desk facing the class.

Ask the student if he or she is able to hear you well enough in order to follow your instructions exactly. Tell him that you want him to listen very carefully. Then with no change of tone, point to the materials on the desk in front of him and tell him to set the table, but give the instructions in another language. If you do not know a second language, make sure that ahead of time, you have someone teach you the proper verbal instructions, and memorize them. Obviously, you want to be careful not to choose a volunteer student who might know the language you are using, so choose your volunteer carefully and stay away from a very common second language in your area, like Spanish. Some presenters prefer to use a made-up lingo of Gibberish.

Repeat the foreign instructions slowly, then loudly, then simplify the words. Point to the table and, depending on the age of the student, you can act impatient. For older students you can stretch this out. For younger students, keep it short.

Eventually, pull out the table-setting picture and show it to the student, laying it on the desk. If he is still confused, point to each of the shapes and indicate which item belongs there. Usually the student gets this immediately and will place the plate, cup, etc, on their outlines. Praise the student and have the class applaud.

Ask the student why he did not follow directions when you told him what to do; didn't he hear what you said? Then explain that there are people who can hear all the words, but cannot make sense out of what is being said, just like it was a foreign language. Ask questions like, —Did you know you were supposed to do something? How did you feel when you couldn't? understand what to do? You did a great job, finally, of setting the table...but how did you know what to do? Draw attention again to the visual cue.

Hold up the table-setting picture and ask the rest of the class if they would have understood what to do when they saw it. Talk about how some children who may not always understand what is being said, can understand a lot if they can see drawing, outlines, or pictures. They can understand more if they can SEE what to do, instead of just listening.

Communication and Autism

The most difficult part of coping with autism is interacting with other people every day. Because the brain of a teenager with autism works a little differently, learning to communicate can be like learning a foreign language. This can make it hard for people with autism to express themselves or for others to understand them. Just talking with a classmate becomes stressful and frustrating.

If students know someone who has autism, they should be advised to be extra patient when they are communicating with them. It's tough for people who can't read social cues, so the more understanding and supportive they are, the more enjoyable their inter-action will be.

THEORY OF MIND – POST-SHOW ACTIVITIES

Post-Show Discussion Questions

1. How would you describe Bill and Hilo's relationship in the beginning of the play? How does their relationship change?
2. What is the significance of *free will* in the play?
3. How would you describe Bill's interaction with the police officer during the squirrel incident?
4. How does Bill describe his autism spectrum disorder to Hilo? How would you describe Hilo's reaction to this information?
5. How is Bill's concept of dating different from Hilo's? How would you define Bill's concept of girlfriend?
6. How is this different from Hilo's concept of dating?
7. How have Hilo's feelings for Bill changed at the end of the play?
8. How would you describe the similarities and differences between Bill and Hilo's communication styles? What points in the play did you see Bill struggle to communicate?
9. How is the use of metaphors important in the play? What are some of the symbols used to express these metaphors?
10. What lessons do Hilo and Bill learn from each other during their trip to the concert at the Hollywood Bowl?
11. What symptoms or signs of autism did Bill show? How did that differ from what you knew previously about people with autism?
12. How does Hilo react when she finds out that Bill is autistic? Do you think her response was appropriate? Why or why not? Has a friend ever confided in you the way that Bill confided in Hilo?
13. What did you think of the end of play? Was it what you expected? Explain.
14. The actor playing Bill is not autistic. What challenges do you think he faced playing a character with autism? What did he do as an actor with his voice and body to make you believe he was autistic?

Post-Show Activities

1. Have students write a one-to two-page dialogue between Hilo and Bill that takes place the day *before* their trip to the Hollywood Bowl. Students should partner with another student and present one of the scripts to the rest of the class.
2. Have students write a one-or two-page dialogue between Hilo and Bill the day *after* their trip to the Hollywood Bowl. Present both sets of scenes to the class and discuss the similarities and differences between both dialogues.
3. Have student write a letter to either Bill or Hilo expressing their thoughts and feelings about their behavior during the play. What did they like or dislike about the character's words or actions? Students should include in their letter any advice or suggestions that they might have for the character.

RESOURCES

See how much you know, then check out these resources to find out more! (Answers on next page)

- 1) ___ All people with autism cannot speak.
- 2) ___ Boys are four times more likely than girls to have autism.
- 3) ___ More children will be diagnosed with autism this year than with AIDS, diabetes & cancer combined.
- 4) ___ There is a cure for autism.
- 5) ___ People outgrow autism.
- 6) ___ Autism is a genetic disorder.
- 7) ___ Autism is very rare in the United States.
- 8) ___ The rate of children being diagnosed with autism is rising.
- 9) ___ Autism produces the same set of symptoms in everyone.
- 10) ___ Autism cannot be diagnosed till a person is at least eight years of age.

Where to find out more...

Books about Autism Spectrum Disorders

Autism Spectrum Disorders: The Complete Guide by Chantal Sicile-Kira.

The author, a parent of a child with autism spectrum disorder (ASD) and a former professional in the field, has spent years researching ASD. This reference guide was written to help parents, professionals, and other members of the community learn more about autism spectrum disorder

Making Sense of Autism by Travis Thompson, Ph.D.

This informative and highly readable resource offers a concise, interdisciplinary understanding of autism spectrum disorder (ASD).

Unstrange Minds: Remapping the World of Autism by Roy Richard Grinker. Drawing on his experience and knowledge as an anthropologist, a son and grandson of early American psychiatrists, the husband of a psychiatrist who studies medical anthropology, and the father of a daughter with autism spectrum disorder (ASD), the author weaves a fascinating tale of the true history of autism.

Online Resources about Autism

Autism Speaks -- www.autismspeaks.org

With the aim of accelerating the pace of autism research, this organization of parents, clinicians and leading scientists boasts of having committed more than \$60 million to that goal since its inception.

Autism Society of America -- www.autism-society.org

Calling itself the leading source of information and referral on autism, this resource represents an organization that is nearly four decades old and comprises more than 20,000 members in more than 200 chapters in nearly every state.

Fiction about Young Adults with Autism

Curious Incident of the Dog in the Night-Time by Mark Haddon. This widely acclaimed and bestselling novel is narrated by 15-year-old Christopher Boone, a teenager with autism. Christopher's literal-minded descriptions immediately transport the reader into the mind of a person on the autism spectrum, as he tells the story of how he tries to solve the mystery of the murder of his neighbor's dog. This is a story that explores the very nature of human interaction, as the answers to questions in Christopher's own life are ultimately revealed. For adolescents and adults.

Wild Orchid, by Beverley Brenna. This fascinating short novel is told as the summer journal of Taylor Simon, a young woman with Asperger Syndrome (AS). At eighteen and a half, Taylor is entering a summer of uncertainty, now that she has finished high school. What is worse, her mother has decided that they will be moving to a small town at a Canadian national park for the summer. At first, Taylor is very upset at the idea of so many changes, but once she is settled in the new town, she begins to pursue her own activities while her mother is working. By the end of the novel, Taylor has managed to prove that she can be allowed to make her own decisions. Taylor's matter-of-fact descriptions and periods of intense frustration give the reader insight into what such periods of transition are like for young adults with AS.

Non-Fiction about Young Adults with Autism

Autistic's Guide to Dating by Emilia Murry Ramey and Jody John Ramey. This guide is especially helpful to any young adult finding it hard to navigate the relationship building waters. The authors, Emilia and Jody, spend time in each chapter not only giving relationship advice to individuals with autism spectrum disorder (ASD), but also reflecting on their own relationship and how it blossomed. This book also addresses the caregivers/family members of people with more visible signs of autism, and what they should do to help their loved one learn about, and perhaps engage in, relationships.

Freaks, Geeks, and Asperger Syndrome: A User Guide to Adolescence by Luke Jackson. The author, who was 13 when he wrote this book, is an expert on what life is like for an adolescent with Asperger Syndrome (AS). He discusses a wide range of issues that will be of great interest to teenagers including school, homework, bullying, socializing, and dating.

Preparing For Life: The Complete Guide to Transitioning to Adulthood for Those with Autism and AS by Dr. Jed Baker. The author of the popular *Social Skills Picture Book* has written this guide to help parents and professionals teach valuable social and life skills to adolescents and young adults with high-functioning autism (HFA) and Asperger Syndrome (AS). The author focuses on the importance of allowing persons with HFA and AS to continue to be unique and accepted, rather than judged. However, the author also recognizes the need to help adolescents build specific skills that they can utilize throughout their lives, and this book emphasizes adding to those skills rather than replacing behaviors, which can empower young adults to attain goals while still remaining true to themselves.

True or False Answers (from previous page)

1) F, 2) T, 3) T, 4) F, 5) F, 6) T, 7) F, 8) T, 9) F, 10) F